

## **Attachment 4**

### **PAST PERFORMANCE QUESTIONNAIRE INSTRUCTIONS**

#### **U.S. ARMY MEDICAL RESEARCH ACQUISITION ACTIVITY Fort Detrick, MD**

The information obtained from this questionnaire will be utilized to evaluate the past and present performance of offerors submitting proposals in response to the solicitation # W81XWH-10-R-0132. The information you provide will be instrumental in allowing the Government to evaluate how well the contractor performed under your contract(s).

- a. Please complete all sections of the attached questionnaire. Include your name and title, organizational address, e-mail address, telephone and fax number.
- b. Include the contractor's name and address, the title and/or description of the type of work performed the award number, the value of the contract (including options), the award and completion date of the project and the type of award/solicitation.
- c. Use the rating scale found on the bottom left corner of the questionnaire to rate each performance element.
- d. Comments are encouraged and would be appreciated. The last page may be used if additional space is needed for comments. Clear handwritten responses are sufficient.
- e. Please e-mail your response to the Contract Specialist whose number and address is shown at the bottom right corner of the questionnaire.

Thank you for your time and participation.

**PAST PERFORMANCE QUESTIONNAIRE**

YOUR NAME & TITLE	YOUR ORGANIZATIONAL ADDRESS						
TEL NO. FAX :	E-MAIL:						
CONTRACTOR'S NAME & ADDRESS	TITLE OR DESCRIPTION OF REQUIREMENT:						
CONTRACT NUMBER:	CONTRACT VALUE (INCLUDING OPTIONS):						
CONTRACT TYPE: <input type="checkbox"/> FIXED PRICE <input type="checkbox"/> COST + FEE <input type="checkbox"/> COMPETITIVE <input type="checkbox"/> NON-COMPETITIVE <input type="checkbox"/> SET-ASIDE <input type="checkbox"/> SEALED BID <input type="checkbox"/> NEGOTIATED	CONTRACT AWARD & COMPLETION DATE:						
PAST PERFORMANCE ELEMENT	RATING						
	1	2	3	4	5	6	NA
1. Contractor demonstrated a thorough understanding of technical requirements of the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							
2. Contractor anticipated/identified and resolved problems effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							
3. Contractor managed and directed resources (i.e. personnel, subcontractors, equipment, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							
4. Contractor provided the necessary skilled personnel to perform the required work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							
5. Contractor retained the necessary skilled personnel and maintained a low turnover rate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

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## PAST PERFORMANCE QUESTIONNAIRE

6. Contractor met scheduled contract delivery dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							
7. Contractor provided accurate, complete and high quality deliverables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							
8. Contractor complied with the terms of the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							
9. Contractor was diligent in forecasting and controlling contract cost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							
10. I would recommend award to this contractor again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

1	Strongly Disagree	<b>PLEASE RETURN COMPLETED RESPONSE TO:</b> U.S. Army Medical Research Acquisition Activity ATTN: MCMR-AAA-B (Mrs. Lisa Wells) 820 Chandler Street Fort Detrick, MD 21702-5014 E-MAIL: lisa.wells@amedd.army.mil or Fax to: (301) 619-2254
2	Disagree	
3	Somewhat Disagree	
4	Somewhat Agree	
5	Agree	
6	Strongly Agree	
N A	No Knowledge of This Element	

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USAMRAA Form 74-R-E (FEB 2007)